# EXHIBIT P

IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF ILLINOIS

EASTERN DIVISION

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| JAMES JIRAK and ROBERT PEDERSEN, Plaintiffs, | No. 07 C 3626 |
| v. | Judge Castillo |
| ABBOTT LABORATORIES INC, Defendant. | Magistrate Judge Keys |

VIDEO DEPOSITION OF MS. AMBER MUNSON

Taken on behalf of the Defendant

August 28, 2009

promised -- we were the first time Abbott had ever laid off a group of people.

We were always told that Abbott didn't do that type of stuff, and that it was very family oriented, and that they would always find room and find places for people. But it just didn't happen.

And so to finish answering your question, when I left Abbott, I decided to take some time off. I had worked since I got out of college and decided to do some traveling.

And really didn't have a desire to get back into pharmaceuticals based on the fact that I just knew it wasn't as rewarding as what I had done when I was in telecom.

And the only problem is, is being in Joplin, Missouri. There's not a whole lot of great jobs here in Joplin, Missouri.

And then PDI presented itself, and it was a position that I decided that I would take to tide me over until I find something else.

Q. When you say that you didn't think pharmaceutical sales was as rewarding as telecom --

A. Mm-hmm.

Q. -- can you explain that a little bit more?

A. I believe that, you know, at the end of the day -- when I was with Sprint and with McLeod, I went home at the end of the day and knew that I had accomplished something.

I was able to see the numbers. It was tangible. And you don't get that in pharmaceuticals.

Q. You mean numbers in terms of your --

A. Your sales.

Q. -- your sales?

A. Mm-hmm.

Q. Doesn't Abbott generate reports showing your sales performance?

A. In the pharmaceutical industry, numbers don't come out for months later after the fact.

Q. I see.

A. And it makes it very difficult as a true professional to be able to adjust your behaviors in order to be where you need to be when they come back and give you numbers from three or four months ago and say, "Well, here's your numbers. You know, they need to be better for next month."

You know, I mean you can't do anything now. That's four months ago.

Q. Right.

A. So it's retroactive.

Q. But is that an industry-wide problem in your opinion or is it just Abbott?

A. Oh, no, it's industry-wide.

Q. So with telecom, were you able to see your performance on a daily basis?

A. Oh, absolutely.

Q. Okay.

A. You knew -- I mean at the end of the day, you knew which accounts you'd closed.

You know, you can track what stage you were in. And when they said that they were going to sell your phones, you knew they were going to sell your phones.

Whereas with physicians, physicians will look at you and say, "Yeah, sure I'm writing it." You know, and then there's the secret life of the reports that we get that, you know, we're not supposed to discuss with physicians that show us what they're writing.

And you know, even if they are writing it, especially in this neck of the woods, it makes it a lot harder because there's a lot of companies that don't report their sales.

So I can have doctors writing my drugs.

But you know, being in Joplin, we've got all these Wal-Marts in the area, and I don't get paid for any of those scripts that are written.

Q. So Wal-Mart is one of those pharmacies that doesn't report?

A. That's correct.

Q. So do you get any other reports besides the numbers that you would see every couple of months? I mean are there weekly prescription data reports?

A. There are. And I believe that it depends on who your manager is when those are shared and when they're not, which also makes the industry very hard.

Because there are some managers that will share that information with their reps, and there's others that won't.

But a lot of the times those numbers come from the 30,000 up, you know, view so that they don't really trickle down to your exact areas.

Which, you know, they're supposed to be like pep-me-up talks like, "We're doing a great job," or, "Things aren't working out."

But no, it's -- it's definitely something that's pharmaceutical-wide.

Q. So as far as your personal experience, did your manager share reports with you on a more frequent basis than once every couple of months?

A. Oh, my manager? He was very good at giving us numbers. He was very good at giving us numbers.

Q. How often would you receive numbers?

A. Oh, I would say -- it's been many years ago, but I would say on a very regular basis.

Q. Like weekly or monthly or --

A. Well, weekly. Weekly, maybe biweekly. We always had a pretty -- a pretty good grasp on where things were going.

Q. So did that help you feel like you had a better understanding of what your numbers were if you were receiving reports on a weekly or biweekly basis?

A. I wouldn't say that it really was able to give you a grasp of how successful you were doing your job. It was just a matter of luck of the draw of whether or not the prescriptions that were being written were going to the right pharmacies.

Q. So luck of the draw in the sense that if the prescriptions went to a pharmacy that reported, then your numbers would be better than if

the field to, you know, produce it and see how it should be done.

Well, when I was with National Car Rental, I had come from the corporate world, and I had gone out into management. And I was working at the Minneapolis location, and I wanted it all to be corrected, in my corporate mentality, to be fixed right away.

So I went into National Car Rental. And I was pulled in and was told I got elected -- I mean I don't know if it so much was disciplined as much as I think it was constructive criticism that was much appreciated, when I was told that Rome wasn't built in a day.

That you can't just come in here and expect to take all 75 of these people and do -- you know, tell them that they need to change their ways.

I had that happen at National Car Rental. And then at Sprint I never had anything that I can think of. McLeod, everything was good.

I know at Abbott there were a few times that I was put on a PIP, a performance improvement plan, because numbers weren't where they needed to be.

Q. Mm-hmm.

A. But that goes back to the reporting issue. And as pharmaceutical sales representatives, we know that it's just a matter of reporting.

You know, they control which doctors we call on, you know. And when they tell me I can only call on this doctor but yet I know this doctor over here is writing my drugs, but I don't have the ability to put that doctor on there to get credit for those scripts -- you know, for talking to that physician.

It's really nothing that's within your control.

Q. Okay. So we'll get into more specific Abbott stuff in a little bit. I just want to ask you one question.

MS. OSE: This will be Exhibit 2.

(Exhibit 2, Employment Application of Amber Lofton to Abbott Laboratories; Request Number 96598; ABBOTT0066495 - ABBOTT0066498, was marked for identification by the court reporter.)

this goes back to the corporate management side of things, is when you've got 10 different -- or 20 different reps, and you've got 10 of them on one side and 10 on the other, you get to hear how 10 -- I mean 10 people might verb -- the verbiage they might use.

Q. Mm-hmm.

A. So you might learn something as one of those people go through. You know, they might use a different, you know, analogy or might use an example or the way they open it or close it.

It was just so you could get practice.

Q. I see. And you could see different --

A. Right.

Q. -- styles and --

A. Mm-hmm.

Q. Did you learn -- did you have classes or training on selling skills?

A. There were some. There were some.

But I -- I mean they would -- it was not so much selling, because in the true sale, I believe you -- I don't think you can really teach somebody to be a salesperson. I mean they've either got to have it in them or they don't.

But it wasn't something that we ever sat in

class and were told, "This is how you need to, you know, have the -- have the contract signed." This isn't, you know --

Q. Mm-hmm.

A. It wasn't something like, "This is what's required in order for you to get paid." It was just more the marketing message.

Q. Did they ever teach you things about like personality types of doctors and how to most effectively communicate with certain types of people?

A. I think we took one class like that or one afternoon might have been something similar to that.

The one thing that sticks out the most in my mind from training is when they once said, "You know, you can't ever take anything personally with a physician because you don't know what he just said to that patient when he walked out of the room."

You know, if he just told somebody that he died or they're dying and then he comes out in the hallway and says something to you, you know, don't take it personally.

Which I kind of already knew that coming from telecom. I had lots of people that would say,

Q. Oh, I'm sorry. Go ahead.

A. I just wanted to clarify that this did not come from my original training --

Q. Okay.

A. -- from when I -- because I did not have TriCor when I first started.

Q. But it is --

A. But this is very similar. This is the kind of marketing materials that we would be given to learn what we were supposed to say to the physicians. Would you like a copy?

MR. LIANG: (Indicating.)

MS. OSE:

Q. So I've never seen one of these before, so you might have to explain to me how you would use this in your training to kind of learn about the product.

A. Well --

Q. What are -- what are TriCor discovery questions?

A. This marketing material is something that we received when we had TriCor. Probably -- I don't know if we got it in the mail or if it was something we got at out of our POA meetings, when we -- one of our national meetings.

But basically they tell you what questions you should ask. These are the questions you can ask. I mean they're like the awareness of the knowledge.

You know, "Doctor, what criteria are most important to you when evaluating lipid therapy?" Or, "Doctor, how are you currently treating your dyslipic patients with LDLs between 100 and 129?"

You know, and then you try to get them to the next step. Because they wanted you to obviously gauge the doctor to see what stage they were -- they were in the prescribing process.

And then these different questions would come into play as to where they were. And they based -- and we -- and I don't think I saw numbers in here anywhere.

But I remember once we had a chart that they showed us that if a doctor was writing between zero and five, he might have been at an awareness.

Or there's like zero -- yeah, like zero to five scripts a month, he might have been at awareness. 5 to 15, he might have been limited trial.

They had a chart that showed us exactly where they fell. And based on where they fell,

these were the questions we were supposed to ask them.

Q. Okay. I see. So how did you know what stage the doctor was at so that you could figure out which of these questions to ask?

A. The numbers that they would send to us, the reporting that they had.

Q. So like prescription data?

A. Prescription data, right.

Q. So you would receive the prescription data, and then you would try to figure out what stage the doctor was in.

And then with regard to these questions, I mean what was the expectation? Was the expectation that you ask these questions verbatim during your sales calls?

A. Mm-hmm. That's what the -- that's what the grinders were for and what the role plays were for. You would -- I mean -- and I shouldn't say, you know, word by word.

Q. Mm-hmm.

A. You didn't get counted off if you didn't use the exact same words that are written here. But it would give you, "This is what you're supposed to detail."

And then a lot of times -- and I don't know -- well, here -- there might be some different flashcards in here that might say, you know, "This -- if the doctor says this, then this is where in the sales piece you need to go to respond to that."

So if the doctor says, "I'm writing this against this drug or this is the drug that I write and this is why," then we would have training materials that would say, "Well, then you need to go to page 5 and show them this chart right here."

Q. Okay. So it was sort of a flow chart?

A. An algorithm basically.

Q. Algorithm?

A. Depending on where they fall, this is what you're supposed to do.

Q. So what would happen if you asked the doctor a question that wasn't on this training material?

A. Are you referring --

MR. LIANG: I'm going to object. That assumes facts not in evidence.

MS. OSE:

Q. Go ahead and answer.

A. Are you referring to as in if I asked a doctor this question when I was doing a grinder

expanding was probably just some verbiage that I had used in something else or I probably saw, you know, on another resumé somewhere.

But I mean you do create relationships. I mean it is getting in and going through that gatekeeper and getting to know those physicians.

And I mean you do. You call on the same doctors for a while. You maintain it, and you try to expand the numbers and the sales and, you know, doctors knowing about your products through educating them.

That's what we did. We educated them and marketed to them versus closing them. I mean there's not a real close.

Q. How is -- I mean we talked about a close a little bit earlier this morning. So I guess I'm trying to understand why that's not a real close.

A. Well, because a real close in any real sales job -- it goes back to that car analogy, where when somebody buys a car, they sign on that dotted line, and that guy knows he's getting paid for that.

Whereas in pharmaceuticals, you don't ever get that. You don't ever get that. In

pharmaceuticals you don't.

Now if you're in diagnostics or devices, you do, because you actually see the products that they're using, and you bill them for it.

But in pharmaceuticals it doesn't happen. I mean we're -- we're basically like programmed robots. I mean we're trained to go out and give the message that is presented to us.

I mean this is the verbiage we use. And you know, it's embedded in your head that this is what is important to these doctors, and this is what you need to sell to them.

But yet any doctor will tell you that he's writing it, but then the numbers come back and they're not. But are they?

You know, a great example would be -- and I know this isn't Abbott. But recently at Pfizer they sent out two different reports. There was a 20 percent discrepancy in the number of scripts that were written. One report said they were writing 20 percent more than the other one did.

Nobody will ever give you any answers as to what that is. So I don't -- I mean that's not a true sales job to me.

Q. So explain to me then what it is that

results."

So and then he counsels you to improve in two categories: territory analysis and business planning, and execution and implementation.

Did you talk about this letter with Mr. Gray at any point?

A. Yeah, I did. And if I remember correctly, there is an email that I have in here where he addressed this with Jeff Link.

Q. And Jeff Link is?

A. The regional manager.

Q. Okay.

A. I thought there was one in here. He addressed it with Jeff Link, because I had not been in the territory that long and the territory had been vacant --

Q. Okay.

A. -- when I came into it. And he addressed it with Jeff link that he did not feel that it was fair that I received this letter based off of it. But let me see.

Q. Do you remember how long you had been in the territory?

A. It had been vacant for like I want to say four or five months. There was a gentleman by

the name of Terry Kohl that they let him go too because of -- I mean because of the numbers.

Q. Mm-hmm.

A. And when I walked into the bad territory, I mean it was -- it was not a good territory. I mean it wasn't ranked very high.

It all depends on your managed care coverage. When you get ranked -- when it comes to rankings, they rank you with everyone else in the country.

And if your drug isn't on formulary like Medicaid or Blue Cross/Blue Shield, if you're not ranked -- if you're not on first or second tier here but yet somebody in Las Vegas has coverage and they're covered on all the plans, and if they can get -- you know, Medicaid people can get your drug for 50 cents or $2, well, obviously they're going to sell a lot more scripts in Vegas than you are in Missouri.

And so numbers -- it's a number game. I mean it really is. I mean I think if you go back and look at other sales performance and look at reviews that, you know, from the ride-alongs that say, "You know, you're doing an excellent job of your organization and stuff," this here is just

basically a generic letter.

Q. Do the doctors always know what's on formulary and what's not?

A. No. That's what -- that's what we're there for. That's what we're supposed to tell them. That's why they give us materials and stickers and stuff to put on drugs when we go out in the field.

Q. So I guess my question is, if you write a prescription for a drug that's not on formulary, and the doctor doesn't know that it's not on formulary, he's going to write the product anyway?

A. But then when they go to the pharmacist --

Q. Does the pharmacist switch it out?

A. -- the pharmacist switches it out.

Q. And that's why you would call the pharmacies and tell them not to?

A. Right. You would ask them not to. But the majority of people -- I mean anyone that's, you know, going to write a higher tier drug, unless the doctor is really educated and willing to take the time, which most of them aren't, it's going to get switched at the pharmacy anyhow.

Q. So let's just talk about this letter

MS. OSE:

Q. All right. And are you familiar with this document?

A. Yep. Basically the same thing as the other one, just a different format.

Q. Okay. So this is a performance review from the year 2004. Let's look at, "Selling the customers, partially achieved expectations."

A. You know what? Can you repeat that again.

Q. Sure. Selling to customers, for which you received a score of partially achieved expectations.

A. Mm-hmm.

Q. This third bullet point down, it says, "Monthly Mobic total prescriptions declined subtly January through August. Average 86 per month down from January baseline."

You might not remember, but was there some sort of formulary position change during that time?

A. No, I don't -- I don't know exactly what the difference was.

Q. Okay. So you don't --

A. I would have to -- I would have to see a full analysis of the market. I don't know if

my -- see, the thing is, is that they don't take into consideration a lot of times -- and I don't know if this is the case.

But a lot of times you might have a physician that was a high writer that might have left your area. You know, he might move to another state.

And then you're no longer -- you don't have that target in your territory anymore, and you don't have the freedom to go out and pick other targets to replace him with that might be able to write those scripts for you. You just have to use what's on your call plan to pull those numbers from.

Another thing that sometimes happens is the realignment. You know, if you get new targets that -- you know, a new area.

Or -- I don't think -- I don't think Mobic had gone generic then, but that is very possible that it had gone generic.

But I think that was too far back. I don't think it went generic till like '07, '06. No. Was this -- this was '06. No, it was '05.

Q. No, this was performance year '04.

A. Okay. Yeah, so it wasn't generic yet. Which is amazing because the Mobic is what I -- I